



HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
STATE ETHICS COMMISSION

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ARDA

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Hirano, Amy C.			536-5688
MAILING ADDRESS (Street)			FAX
84 N. King Street			536-5720
(City)	(State)	(Zip Code)	
Honolulu, HI 96817			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Pacific Management Consultants, Inc.			536-5688
MAILING ADDRESS (Street)			FAX
84 N. King Street			
(City)	(State)	(Zip Code)	
Honolulu, HI 96817			

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
American Resort Development Association		
MAILING ADDRESS (Street)		FAX
1201 15 th Street, N.W., Suite 400		
(City)	(State)	(Zip Code)
Washington, D.C. 20005		
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
MAILING ADDRESS (Street)		FAX
(City)	(State)	(Zip Code)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input checked="" type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Amy Herrera

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Stephany Madsen, Vice President, Government Affairs			
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
American Resort Development Assn.		407-245-7601	
MAILING ADDRESS (Street)		FAX	
200 E. Robinson Street, Suite 1170		531-9995	
(City)	(State)	(Zip Code)	
Orlando, FL	32801		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
<i>Stephany A. Madsen</i>		<i>1/24/05</i>	
(Signature of Authorizing Officer or Person Represented)		(Date)	